APPENDIX M





TOXICS RELEASE INVENTORY

(IMPORTANT: Type or print; rea	d instructions before completing form)		Form Approved OMB Nu Approval Expires: 01/31		Page 1 of 5
		FORM R	ta	TRI Facility ID	Number
Environmental Protect	Section 313 of Right-to-Knov Superfund Am	Sample I		Toxic Chemical	, Category or Generic Name
	ATTN: TOX	513 D 20703-1513 KIC CHEMICAL RELEA		ppendix F)	Enter "X" here if this is a revision For EPA use only
IMPORTANT: See instru	ections to determine when "No				
		LITY IDENTIFIC	ATION INFORM	MATION	
SECTION 1. REPO					
	E SECRET INFORMAT				
Yes (Answer que	30011 2.2,	2 trade secret? Do not answer 2.2; Go to Section 3) 2.2	L.	Sanitized	Unsanitized
SECTION 3. CERTI	` •	t: Read and sign a			
	ewed the attached documents and that, eport are accurate based on reasonable				rue and complete and that
Name and official title of owner	operator or senior management official	al:	Signature:		Date Sign
CECTION A FACIL	TTV IDENTIFICATION	Ţ			,
4.1	LITY IDENTIFICATION	TRI Facility ID Number			
Facility or Establishment Name		Facility or Establishmen		ess (If different from	m street address)
Street		Mailing Address			
					
City/County/State/Zip Code		City/State/Zip Code			Country (Non-
This report contains informat (Important: Check a or b; ch		An entire facility b.	Part of a facility c.	A Federal facility	d. GOCO
Technical Contact Name			Tele	phone Number (inc	clude area code)
Email Address					
4 Public Contact Name	********		Tele	phone Number (inc	clude area code)
4 Tuble Condetitable				priorie realities (in	
5 NAICS Code (s) (6 digits)	Primary a. b.	c.	d.	e.	f.
7 Dun & Bradstreet Number (s) (9 digits)	a.			1	1
	b. IT COMPANY INFORM	IATION			
SECTION 5. PAREN					
5.1 Name of Parent Company	/ NA 🗌				



APPENDIX M TRI REPORTING FORMS – FORM R

TOXICS RELEASE INVENTORY

FORM R PART II. TOXIC CHEMICAL RELEASE IN SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 belo if reporting a chemical category.) 1.2 Toxic Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 1.2 Toxic Chemical Or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 1.3 Genetic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "ves". Genetic Name must be structurally descriptive.) 1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.) 3.1 Manufacture the toxic chemical: 3.2 Process the toxic chemical: 3.3 Otherwise use the toxic chemical: 1	2 of 5
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below 1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 1.2 Toxic Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) 1.3 Generic Chemical Name (Important: Complete only if Part 1. Section 2.1 is checked "yes", Generic Name must be structurally descriptive.) 1.4 In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Compounds Category. In the section of Each Member of the Dioxin and Dioxin-like Co	2010
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1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 NA	
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SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR 4.1 (Enter two digit code from instruction package.)	
4.1 (Enter two digit code from instruction package.)	
	YEAR
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE	
· · · · · · · · · · · · · · · · · · ·	
A. Total Release (pounds/year*) (Enter a range code** or estimate) B. Basis of Estimate (enter code) C. % From Stormwater	
5.1 Fugitive or non-point air emissions	
5.2 Stack or point air emissions NA	
5.3 Discharges to receiving streams or water bodies (enter one name per box)	adişeliğ
Stream or Water Body Name	
53.1	
5.3.2	
5.3.3	
If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box	
and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)	

APPENDIX M TRI REPORTING FORMS – FORM R



Form Approved OMB Number: 2070-0093 Page 3 of 5 (IMPORTANT: Type or print; read instructions before completing form) Approval Expires: 01/31/2008 TRI Facility ID Number FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Name SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued) A. Total Release (pounds/year*) (enter range **B.** Basis of Estimate code ** or estimate) (enter code) Underground Injection onsite 5.4.1 to Class I Wells Underground Injection onsite to Class II-V Wells 5.5 Disposal to land onsite RCRA Subtitle C landfills 5.5.1A Other landfills 5.5.1B Sample Form R Land treatment/application 5.5.2 For Reporting year 2006 farming RCRA Subtitle C surface impoundments 5.5.3B Other surface impoundments 5.5.4 Other disposal SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) Total Quantity Transferred to POTWs and Basis of Estimate 6.1.A.1 Total Transfers (pounds/year*) **Basis of Estimate** (enter range code ** or estimate) (enter code) POTW Name 6.1.B POTW Address State Zip County City POTW Name 6.1.B POTW Address State Zip County If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages and indicate the Part II, Section 6.1 page number in this box (example: 1.2.3, etc.) SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS Off-Site EPA Identification Number (RCRA ID No.) Off-Site Location Name Off-Site Address

County

State

Is location under control of reporting facility or parent company?

EPA Form 9350-1 (Rev. 08/2006) - Previous editions are obsolete.

City

* For Dioxin or Dioxin-like compounds, report in grams/year
** Range Codes: A=1-10 pounds: B=1-499 pounds; C=500 - 999 pounds.

Zip

Yes

Country

(Non-US



APPENDIX M TRI REPORTING FORMS - FORM R

							TRI Facility	ID Number	
		F(ORM R						
PAI	CCIFIC INFORMAT	TION (CO	ONTINUE	D)	Toxic Chem	ical, Category or Generic N			
SECTION 6.2	TRANSFERS	то отнен	R OFF-SITE LOCAT	ONS (CO	NTINUED)				
A. Total Trans	sfers (pounds/yea	ar*)	B. Basis of Estimate			C. T	vne of Waste Tre	atment/Disposal/	
	e code**or estimat	te)	(enter code)			R		Recovery (enter code)	
1.			1.			1. M			
2.			2.			2. M			
3.		ŀ	3.		_	3. M			
4.			4.			Sample	e Form R		
5.2 Off-S	Site EPA Identificat	tion Number	(RCRA ID No.)		For F	Reporti	ing year 20	006	
ff-Site Location	Name		•						
Off-Site Address									
City		State	County	Halada a sa	Zip			Country (Non-US)	
s location under	control of reporting	g facility or p	parent company?		Yes			No No	
A. Total Transfe	rs (pounds/year	r*)	B. Basis of Estimate				pe of Waste Trea		
(enter range c	ode**or estimate)		(enter code)				ecycling/Energy	Recovery (enter code)	
			2.				1. M		
2.									
		1	•			2. M			
3.		3	-			3. M	· · · · · · · · · · · · · · · · · · ·	501.514165.415.4	
4.	ON-SITE WAS	3		AND EFF	CIENCY		\		
4. SECTION 7A.	Chec	3 4 STE TREA	-			3. M			
4. SECTION 7A.	Chec	3 STE TREA' ck here if no c	TMENT METHODS	applied to a	ny	3. M			
4. SECTION 7A. Not Applic a. General Waste Stream	cable (NA) - Chec waste	3 STE TREA' ck here if no ce stream cont b. Was	TMENT METHODS	applied to a or chemical Sequence	ny	3. M		atment Efficiency haracter code]	
4. SECTION 7A. Not Applic	cable (NA) - Chec waste	3 STE TREA' ck here if no ce stream cont b. Was	TMENT METHODS on-site waste treatment is aining the toxic chemical ste Treatment Method(s) and or 4- character c	applied to a or chemical Sequence	ny	3. M	[enter 2 c	*	
4. SECTION 7A. Not Applic a. General Waste Stream [enter code]	cable (NA) - Chec waste	3 4 STE TREA ck here if no ce stream cont b. Was [c]	TMENT METHODS on-site waste treatment is aining the toxic chemical ste Treatment Method(s) enter 3- or 4- character c	applied to a or chemical Sequence ode(s)]	ny	3. M	[enter 2 c	haracter code]	
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4. SECTION 7A. Not Applie a. General Waste Stream [enter code] 7A.1a	7A.1b 3 6 7A.2b 3 6 7A.3b	3 4 STE TREA ck here if no o e stream cont b. Was [c	TMENT METHODS on-site waste treatment is aining the toxic chemical ste Treatment Method(s) enter 3- or 4- character c	applied to a or chemical Sequence ode(s)]	ny	3. M	[enter 2 c	haracter code]	
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APPENDIX M





TOYICS DELEASE INVENTORY

(IMPC	ORTANT: Type or print; read inst	ructions before o	completing form)			roved OMB : Expires: 01/2	Number: 2070-0 31/2008	0093 Pag	e 5 of 5
					TRI Facility I	D Number			
	PART II. CHE		FORM R ECIFIC INFORM	ATION (CONTI	NUED)		Toxic Chemica	l, Category or Gen	eric Name
					-		Toxic Chemica	a, category or gen	orio rvanic
SEC	CTION 7B. ON-SITE ENE								
	I Not Applicable (NA) -		n-site energy recovery i the toxic chemical or ch		e				
1	Energy Recovery Methods [ente	er 3-character co							
	1		2		3				
SEC	CTION 7C. ON-SITE RE								
	Not Applicable (NA) -		site recycling is applied to toxic chemical or cher						
1	Recycling Methods [enter 3-cha								
			2		2			7	
	1		2		3	L		J	
SEC	TION 8. SOURCE RED	UCTION AN	D RECYLING AC	TIVITIES					
			Column A	Column B	: V	Column		Column D	
			Prior Year (pounds/year*)	Current Report (pounds/year*)		Followi (pounds		Second Follo (pounds/year	
8.1									10
8.1a	Total on-site disposal to Cla Underground InjectionWells Subtitle C landfills, and other	s, RCRA							
8.1b	Total other on-site disposal or releases							1	
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills Total off-site disposal to Class I Sample Form R For Reporting year 2006								
8.1d	Total other off-site disposal releases	or other							
8.2	Quantity used for energy re- onsite	covery							
8.3	Quantity used for energy recoffsite	covery							
8.4	Quantity recycled onsite								
8.5	Quantity recycled offsite								
8.6	Quantity treated onsite								
8.7	Quantity treated offsite								
8.8	Quantity released to the env or one-time events not asso				ents,				
8.9	Production ratio or activity	index							
8.10	Did your facility engage in a year? If not, enter "NA" in				he reporting				
	Source Reduction Activities [enter code(s)]			Methods to Ider	ntify Activity (enter codes)			
8.10.1		a		b.			c.		
8.10.2		а.		b.	b				
8.10.3		a. a.		b.			c.		
8.10.4			information on cou		g or nolluti-	<u> </u>		Voc	
8.11	If you wish to submit additi control activities, check "Yo m 9350 -1 (Rev. 08/2006) - Pre	es."		reduction, recyclin				Yes nds, report in gram	



APPENDIX N TRI REPORTING FORMS – FORM A

(IMPORTANT: Type or print; read instructions before comp	leting form)		Approval Expire	OMB Number: 2070-014 s: 01/31/2008	Page 1 of	
EPA United States Environmental Protection Agency	OXICS C	CHEMICAL RE FORM	I	-	rm A Page 1 ing year 2006	
L	P.O. Box 151 anham, MD 2	3	APPROPRIATE ST (See instruction in EINVENTORY		Enter "X" here if this is a revision For EPA use only	
IMPORTANT: See instructions to determine	when "Not	Applicable (NA)" be	oxes should be cl	necked.		
	. FACIL	ITY IDENTIFIC	ATION INFO	RMATION		
SECTION 1. REPORTING YEAR		_				
SECTION 2. TRADE SECRET INFO			,			
2.1 Are you claiming the toxic chemical identify (Answer question 2.2; Attach substantiation forms)	No (Do	2 trade secret? o not answer 2.2; to Section 3)	Is this copy	Sanitized ronly if "YES" in 2.	Unsanitized	
SECTION 3. CERTIFICATION (I	mportant	: Read and sign a	ifter completii	ng all form section	ons.)	
Pursuant to 40 CFR 372.27(a)(1), "I hereby certifing this reporting year, the annual reportable amount is which included no more than 2,000 pounds of total or processed, or otherwise used in an amount not Pursuant to 40 CFR 372.27(a)(2), "I hereby certificated in this statement, there were zero disposals catastrophic events) for this reporting year, the "A as defined in 40 CFR 372.27(a)(2), did not exceed or otherwise used in an amount not exceeding 1 m	for each chen al disposal or exceeding 1 by that to the or other rele annual Repor d 500 pounds	nical, as defined in 40 rother releases to the million pounds during best of my knowledge asses to the environmentable Amount of a Ches for this reporting year	CFR 372.27(a)(1), environment, and to this reporting year and belief for the to (including dispoemical of Special Cr, and that the cher	did not exceed 5,00 hat the chemical was;" and/or toxic chemical(s) of sals or other releases Concern" for each suc	0 pounds, manufactured, f special concern that resulted from ch chemical,	
Name and official title of owner/operator or senior manager			Signature:		Date Signed:	
SECTION 4. FACILITY IDENTIFIC	CATION					
4.1		TRI Facility ID Number				
Facility or Establishment Name		Facility or Establishmen	t Name or Mailing A	ddress (If different from	street address)	
Street		Mailing Address				
City/County/State/Zip Code		City/State/Zip Code			Country (Non-US)	
4.2 This report contains information for: (Important: C	heck c or d if a	pplicable)	c.	A Federal facility	d. GOCO	
4.3 Technical Contact Name			I	elephone Number (inclu	ide area code)	
Email Address			<u> </u>			
4.4 Intentionally left blank					<u> </u>	
A.5 NAICS Code (s) Primary a. b.		c.	d.	e.	f.	
Dun & Bradstreet a		IC.	ju.		11.	
4.7 Number (s) (9 digits) b.						
SECTION 5. PARENT COMPANY I	NTUKWIA	ATTON				
5.1 Name of Parent Company NA	. []	T				
5.2 Parent Company's Dun & Bradstreet Number	NA L				Alton, and a series	
EPA Form 9350 -2 (Rev. 11/2006) - Previous edition	ns are obsolet	re.				

APPENDIX N





TOXICS RELEASE INVENTORY

(IMPORTANT: Type or print; read instructions before completing form)	Pageof					
EPA FORM A PART II. CHEMICAL IDENTIFICATION TRIFID:						
Do not use this form for reporting Dioxin and Dioxin-like Compoun						
SECTION 1. TOXIC CHEMICAL IDENTITY 1. CAS Number (Important: Enter only one number expetits as it appears on the Section 313 list. Enter cate	Reportof					
Sample Form A Page 2	cory code in reporting a circumcar category.)					
1.2 Toxic Chemical or Chemical Category Name (Impo	te Section 313 list.)					
1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Nam	ne must be structurally descriptive.)					
	MANAGEM AND					
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete the	-					
2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including number	ers, letters, spaces, and punctuation.)					
SECTION 1. TOXIC CHEMICAL IDENTITY	Report of					
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter cat	tegory code if reporting a chemical category.)					
Tayio Chamical or Chamical Category Name (Important: Enter only one name eyectly as it annears on t	he Section 313 list.)					
1.2 Toxic Chemical of Chemical Category Name (Important: Enter only one name exactly as it appears on a						
Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Nat 1.3	me must be structurally descriptive.)					
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete the	his section if you completed Section 1 above)					
Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including number 2.1	ers, letters, spaces, and punctuation.)					
SECTION 1. TOXIC CHEMICAL IDENTITY	Reportof					
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter cat	egory code if reporting a chemical category.)					
	Carling 112 line					
1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the	le Section 313 list.)					
Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Nar	ne must be structurally descriptive.)					
1.3						
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete th	is section if you completed Section 1 above.)					
2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including number	ers, letters, spaces, and punctuation.)					
SECTION 1. TOXIC CHEMICAL IDENTITY	Report of					
CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter ca	tegory code if reporting a chemical category.)					
	o Castian 212 list					
1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the	te Section 313 fist.)					
Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Nam	ne must be structurally descriptive.)					
1.3	SERVICE PROPERTY AND THE SERVICE SERVI					
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)						
2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including number	rs, letters, spaces, and punctuation.)					
*See the TRI Reporting Forms and Instructions Manual for the TRI-listed D	ioxin and Dioxin-like Compounds					

